## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			CÝ		(-5			RATE	FEE	]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		OB	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	minus 20=		* 74			X\$ 9=		1	X\$18=	
			4		. 1/					OR		
<u> </u>	DEPENDENT C	NDENT CLAIM PI	MESENT					X43=		OR	X86=	
IVIC	TIPLE DEFEI		EGENT					+145=		OR	+290=	
* If	the difference	e in column 1 is	ess than zero, enter "0" in			olumn 2	(P)	' TOTAL		OR	TOTAL	2672
	C	LAIMS AS A	MENDED - PART II				/				OTHER	
	-	(Column 1)	(Column 2)			(Column 3)	1 1	SMALL		OR 1 1	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43= ·		OR	X86=	
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA						]	.145	• -	1	+290=	
	181	0 10.1	3 12 19		2:5	28		+145= -		OR	TOTAL	
	90 30 3\ 75 3X 43 4						,	ADDIT. FEE		OR	ADDIT. FEE	
	V 1	CLAIMS	)	HIGHE		(Column 3)	1 6	i	ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CI						J ∤				000	
	HSO	49 53			•		•	+145= '		OR	+290=	•
	• (170					· .	. ,	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		. (Colum		) (Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		= .		X43=		o'R	X86=	
′	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
to the control of the column of the control of the column										OR	+290=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ADDIT. FEE	
		ber Previously Paid					er foui	nd in the app	ropriate box	in col	umn 1.	